



Shreveport Public Assembly and Recreation
2015 Adult Fall Softball Team Entry Form



PLEASE PRINT OR TYPE ALL INFORMATION

\$180.00 ENTRY FEE & ROSTER MUST ACCOMPANY THIS FORM OR IT WILL NOT BE ACCEPTED
(Team Entry Deadline: August 21, 2015)
SEASON BEGINS September 10, 2015

TEAM NAME: _____ NEW TEAM (Circle One): YES NO

LEAGUE: (Circle One Per Group)	MEN / WOMEN	CHURCH / OPEN
CLASSIFICATION LEVEL REQUESTED: (Over-The-Fence Home Run Limits) MEN	A Unlimited	B 6
WOMEN LEAGUE	1	2
	C 3 Up	D 1 UP
	3	4
		E 0 (HR=OUT)

TEAM NAME LAST YEAR: _____

COACH'S NAME: _____

HOME ADDRESS: _____
(Street) (Apt / Lot #)

(City) (Zip Code)

W/PHONE: _____ CELL PHONE: _____ CARRIER: _____ FAX: _____

H/PHONE: _____ EMAIL: _____
Must have an Email Address

ASST. COACH'S NAME: _____

HOME ADDRESS: _____
(Street) (Apt / Lot #)

(City) (Zip Code)

W/PHONE: _____ CELL PHONE: _____ CARRIER: _____ FAX: _____

H/PHONE: _____ EMAIL: _____
Must have an Email Address

FOR SPAR USE ONLY			
AMOUNT \$: _____	DATE: ____/____/____	RECEIPT #: _____	RECEIVED BY: _____

Please list any dates/days/times and reason your team **ABSOLUTELY** cannot play. We will attempt to honor your request.

